

Rochester Park & Recreation Department
201 4 ST S.E. – Room 150
Rochester, MN 55904 (507) 281-6160

TEAM NAME: _____ TEAM NAME LAST YEAR: _____ MANAGER: _____ ADDRESS: _____ _____	PREFERRED NIGHT: _____ LEAGUE: _____ TEAM CLASSIFICATION: AA A B C D PHONE# _____ / _____ (HOME) (WORK) E-MAIL ADDRESS _____ _____ NEW TEAM _____ YES _____ NO _____
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[illegible]

Every reasonable effort will be made to ensure safety and integrity of the facilities provided, but neither the City of Rochester, the staff, nor other affiliated parties assumes responsibility for any personal injury or other damages sustained by any participant, in return for the opportunity to participate in programs sponsored by the Park and Recreation Department. I acknowledge that there are certain risks (including risks of personal injury) associated with this and any other Park and Recreation activity, and I voluntarily assume all such risks for my child or myself. By signing this form, I hereby release and hold harmless the city of Rochester, program coordinator, employees, and each affiliated party from any and all damages, claims, and causes of action whatsoever for any loss or injury suffered by me and/or my child so that I or my child may be allowed to participate in programs sponsored by the Park and Recreation Department. I have read and fully understand this waiver, and have executed it voluntarily so that my child or I may be allowed to participate in programs sponsored by the Park and Recreation Department.

[illegible]